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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/823,605	04/14/2004	Atsumasa Mizuno	1086.1199	5079
21171 STAAS & HAI	7590 09/05/200 SEY LLP	8	EXAMINER	
SUITE 700			SENSENIG, SHAUN D	
WASHINGTO	RK AVENUE, N.W. N, DC 20005		ART UNIT	PAPER NUMBER
			3629	
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			09/05/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

	Application No.	Applicant(s)	
Interview Summary	10/823,605	MIZUNO, ATSUI	MASA
interview Summary	Examiner	Art Unit	
	Shaun Sensenig	3629	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>Shaun Sensenig</u> .	(3)		
(2) <u>Luminita Todor</u> .	(4)		
Date of Interview: 28 August 2008.			
Type: a)⊠ Telephonic b)⊡ Video Conference c)⊡ Personal [copy given to: 1)⊡ applicant 2	t)∏ applicant's representative	.]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.		
Claim(s) discussed: <u>N/A</u> .			
Identification of prior art discussed:			
Agreement with respect to the claims f)☐ was reached. g)∏ was not reached. h)⊠ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>An incomplete PDF of the version was faxed</u> .			
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached.	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INTIFILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM, V	been filed, APP ' DAYS FROM T WHICHEVER IS	LICANT IS 'HIS LATER, TO
/S. S./ Examiner, Art Unit 3629	/John G. Weiss/ Supervisory Patent Examiner, Art U	nit 3629	